

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # *N10915*

1. Corporation Name  
*Templo Yoruba Homo-Olorun USA, inc*

2. Principal Office Address  
*585 SE 9th AVE*

3. Mailing Office Address  
*585 SE 9th AVE.*

CR2E081 (8/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*HIALEAH FL*

City & State  
*HIALEAH, FL*

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
*74-3147840*

Applied For  
Not Applicable

Zip Country  
*33010 USA*

Zip Country  
*33010 US*

6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
*Hilda Queris*

Street Address (P.O. Box Number is Not Acceptable)  
*585 SE 9th AVE*

Suite, Apt. #, Etc.

City  
*HIALEAH*

State Zip Code  
*FL 33010*

REINSTATEMENT 90-00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  
*[Signature]*

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	<i>Hilda QUERIS</i>	<i>585 SE 9th AVE</i>	<i>HIALEAH, FL 33010</i>
VP	<i>Elusida Sotomayor</i>	<i>585 SE 9th AVE</i>	<i>HIALEAH FL 33010</i>
T/S	<i>Hilda Queris</i>	<i>585 SE 9th AVE</i>	<i>HIALEAH FL 33010</i>

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

M. Williams MAR 15 2006